

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Americas Health Insurance Plans PAC (AHIP PAC)

ADDRESS (number and street)

601 Pennsylvania Avenue NW

Suite 500 South Building

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106740

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

03

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Robert Borchardt

Signature of Treasurer

Electronically Filed by Mr. Robert Borchardt

Date

04

20

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

A. Form/Schedule : **F3XN**

Transaction ID :

Please note that the PAC is aware that it may disclose payroll receipts by disclosing a single total for the reporting period along with the amount deducted per pay period for each contributor. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately, pursuant to 11 CFR 104.8(b), more accurately discloses how the receipts are collected

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

3 / 37

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2010</span>		125395.88
(b) Cash on Hand at Beginning of Reporting Period .....	95256.44	
(c) Total Receipts (from Line 19) .....	51136.53	80231.78
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	146392.97	205627.66
7. Total Disbursements (from Line 31) .....	22165.79	81400.48
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	124227.18	124227.18
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

4 / 37

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	3	0	1	2	0	1	0

To:

M	M	D	D	Y	Y	W	Y
0	3	3	1	2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	20760.00	31477.36
(ii) Unitemized .....	805.50	6279.07
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	21565.50	37756.43
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	27000.00	39500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	48565.50	77256.43
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	71.03	475.35
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	2500.00	2500.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	51136.53	80231.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	51136.53	80231.78

## DETAILED SUMMARY PAGE

of Disbursements

5 / 37

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	165.79	400.48	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	165.79	400.48	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22000.00	80500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	0.00	500.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	22165.79	81400.48	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22165.79	81400.48	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

6 / 37

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	48565.50	77256.43
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	48565.50	77256.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	165.79	400.48
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	71.03	475.35
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	94.76	-74.87

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

William Alvin

Mailing Address 2850 W Grand Boulevard

City

Detroit

State

MI

Zip Code

48202-2643

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Alliance Plan

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: C811888F732281760F0

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-1

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Bacher

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-1

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Christy Bell

Mailing Address 7 Spring Lake Drive

City

Far Hills

State

NJ

Zip Code

07931

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Horizon BCBSNJ

Occupation

Senior Vice President, Healthcare Mgmt

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: 7C5FF6FA15D6E3C4AC7

Amount of Each Receipt this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-2

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Carmella Bocchino

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Vice President, Clinical Aff

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-2

Amount of Each Receipt this Period

208.33

**SUBTOTAL** of Receipts This Page (optional) .....

3416.66

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President Finance & Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-3

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Robert Borchardt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Vice President Finance & Operat

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-3

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-4

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Dianne Bricker

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2010

Transaction ID: 20100401154512-4

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

William Cameron

Mailing Address 2000 N Classen Boulevard

City State Zip Code  
Oklahoma City OK 73106-6023

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Fidelity Assuran-  
ce Company

Occupation  
Chairman and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 18 / 2010

Transaction ID: 3E6E866D3D53A0C7C6D

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2010

Transaction ID: 20100310173512-7

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

2104.17

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Winthrop Cashdollar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-7

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-8

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Yvonne Chanatry

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Marketing and Graphics

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-8

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

229.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Insurance Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-11

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Gregory Dean

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Executive Director Insurance Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-11

Amount of Each Receipt this Period

62.50

**C.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation

Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-14

Amount of Each Receipt this Period

104.00

**SUBTOTAL** of Receipts This Page (optional) .....

229.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jill Dowell

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

624.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-14

Amount of Each Receipt this Period

104.00

**B.**

Full Name (Last, First, Middle Initial)

Andrea Finley

Mailing Address 782 Crestland Ave SE

City State Zip Code  
North Canton OH 44720-3300

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Aultcare

Occupation  
AVP Compliance and Internal Audit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 28B20FFBFF5BFB01845

Amount of Each Receipt this Period

275.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-16

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

504.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Gabardi

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, State Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2010

Transaction ID: 20100401154512-16

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Special Assistant To President and Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
03 / 15 / 2010

Transaction ID: 20100310173512-19

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Lindy Hinman

Mailing Address 602 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Special Assistant To President and Ceo

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
03 / 31 / 2010

Transaction ID: 20100401154512-19

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

291.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-21

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Alethia Jackson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-21

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
VP, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-22

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

208.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Scott Keefer

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
VP, Federal Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-22

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-23

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Barbara Lardy

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, Clinical Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-23

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Operations and Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-24

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Larry Larson

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director, Operations and Claims

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-24

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-25

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) .....

208.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Jeff Lemieux

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Svp, Center for Health Policy & Research

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2010

Transaction ID: 20100401154512-25

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2010

Transaction ID: 20100310173512-26

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Beth Leonard

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Director Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2010

Transaction ID: 20100401154512-26

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

208.34

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael McCallister

Mailing Address 500 W Main Street

City

Louisville

State

KY

Zip Code

40202-2946

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Humana Inc.

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: F269A28C98FC60805B0

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin McCarthy

Mailing Address 2211 Congress Street

City

Portland

State

ME

Zip Code

04102-1955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unum Group

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

Transaction ID: 9619613CA4566C80B68

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City

Washington

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation

Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-35

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

4041.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Julie Miller

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Associate Counsel

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-35

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

David O'Brien

Mailing Address 165 Millview Drive

City State Zip Code  
Pittsburgh PA 15238

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Highmark

Occupation  
EVP, Govt Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

Transaction ID: 07C2C18E7A1B6AB5B85

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

David Oliker

Mailing Address 625 State Street

City State Zip Code  
Schenectady NY 12305-2111

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mvp Health Care

Occupation  
President and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: FFA18FA7239DC712C44

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

4041.67

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-38

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Betsy Pelovitz

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Product Policy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-38

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

767.76

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-39

Amount of Each Receipt this Period

130.47

**SUBTOTAL** of Receipts This Page (optional) .....

297.13

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Susan Pisano

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President Strategic Communication

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

767.76

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-39

Amount of Each Receipt this Period

130.47

**B.**

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-40

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Lawrence Platt

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-40

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

213.81

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, State Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-41

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Richard Ramsay

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, State Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-41

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-45

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

208.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Sue Rohan

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Vice President, Federal Programs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-45

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-46

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Lisa Shreve

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Senior Vice President, Professional Pr

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-46

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

125.01

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.10

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-47

Amount of Each Receipt this Period

153.85

**B.**

Full Name (Last, First, Middle Initial)

Charles Stellar

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive V.P.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.10

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-47

Amount of Each Receipt this Period

153.85

**C.**

Full Name (Last, First, Middle Initial)

Buck Stinson

Mailing Address 6620 W Broad Street  
Building 4

City State Zip Code  
Richmond VA 23230-1721

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Genworth Financial

Occupation  
President, Long Term Care

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 0

Transaction ID: 5F7FEAFD10652F48672

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1307.70

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-50

Amount of Each Receipt this Period

208.33

**B.**

Full Name (Last, First, Middle Initial)

Michael Tuffin

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1249.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-50

Amount of Each Receipt this Period

208.33

**C.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-51

Amount of Each Receipt this Period

62.50

**SUBTOTAL** of Receipts This Page (optional) .....

479.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Mark Van Koevering

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-51

Amount of Each Receipt this Period

62.50

**B.**

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Press Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 5 / 2 0 1 0

Transaction ID: 20100310173512-54

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Robert Zirkelbach

Mailing Address 601 Pennsylvania Avenue N.W.  
Suite 500, South Building

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
America's Health Insurance  
Plans

Occupation  
Press Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 0

Transaction ID: 20100401154512-54

Amount of Each Receipt this Period

41.67

**SUBTOTAL** of Receipts This Page (optional) .....

145.84

**TOTAL** This Period (last page this line number only) .....

20760.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 37

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Aegon Usa, Llc Pac

Mailing Address 1111 North Charles Street

City State Zip Code  
 Baltimore MD 21201

FEC ID number of contributing  
federal political committee.

**C** C00236414

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 8 / 2 0 1 0

**Transaction ID:** B6D62C3D774B72E0C0B

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

American Fidelity Corporation Pac

Mailing Address 2000 Classen Blvd

City State Zip Code  
 Oklahoma City OK 73106

FEC ID number of contributing  
federal political committee.

**C** C00210526

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 8 / 2 0 1 0

**Transaction ID:** 3DCFA84E147ABB02ED2

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Genworth Financial Inc Political Action Committee

Mailing Address 6620 W. Broad Street

City State Zip Code  
 Richmond VA 23230

FEC ID number of contributing  
federal political committee.

**C** C00404194

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 3 / 1 8 / 2 0 1 0

**Transaction ID:** 6B073853139A8866C4B

Amount of Each Receipt this Period

2500.00

**SUBTOTAL** of Receipts This Page (optional) .....

9500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 37

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Health Care Service Corporation Employees' Political Action Committee

Mailing Address 300 E. Randolph  
Legal Dept.

City State Zip Code  
Chicago IL 60601

FEC ID number of contributing  
federal political committee.

**C** C00199711

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 0

**Transaction ID:** A16378C3F916EF5FD16

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mvp Health Care Inc Federal Pac

Mailing Address 625 State Street

City State Zip Code  
Schenectady NY 12305

FEC ID number of contributing  
federal political committee.

**C** C00431429

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

**Transaction ID:** 9D7A3CEF7C20A3E4977

Amount of Each Receipt this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Principal Life Insurance Company Political Action Committee

Mailing Address 711 High Street  
Government Relations

City State Zip Code  
Des Moines IA 50392

FEC ID number of contributing  
federal political committee.

**C** C00128918

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 3 / 2 0 1 0

**Transaction ID:** 4EC8936200B49F675E2

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

12500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 37

(check only one)

<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input checked="" type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
--------------------------	-----	--------------------------	-----	-------------------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Trustmark Insurance Company Political Action Committee (TRUSTPAC)

Mailing Address 400 Field Drive

City

Lake Forrest

State

IL

Zip Code

60045

FEC ID number of contributing  
federal political committee.**C**

C00156166

Name of Employer

Occupation

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Transaction ID: 7BDB83983760884176B

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

27000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 37

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.35

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 0

Transaction ID: 12B4F1CFF84868D31D6

Amount of Each Receipt this Period

47.03

Reimbursement of Merchant  
Service Fees

**B.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City State Zip Code  
Washington DC 20004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.35

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 0

Transaction ID: C34C13D3ACB4392AEB6

Amount of Each Receipt this Period

24.00

Reimbursement of Wire Tran-  
sfer Fees

**SUBTOTAL** of Receipts This Page (optional) .....

71.03

**TOTAL** This Period (last page this line number only) .....

71.03

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 37

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	--	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Friends of Chris Dodd

Mailing Address PO Box 270701

City

West Hartford

State

CT

Zip Code

06127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Transaction ID: 03446-70074099302292

Amount of Each Receipt this Period

2500.00

Refund of General Contrib-  
ution #1703

SUBTOTAL of Receipts This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

2500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: DE6057D2A082AE9B9E1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	1	/	2	0	1	0

Amount of Each Disbursement this Period

12.00

**B.**

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW  
Second Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 17ECC2F5AB8F673E0B1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	9	/	2	0	1	0

Amount of Each Disbursement this Period

12.00

**C.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

AMEX Service Fee

Candidate Name

001

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 7753C205D00BDBF4B78

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	1	/	2	0	1	0

Amount of Each Disbursement this Period

7.38

SUBTOTAL of Disbursements This Page (optional) .....

31.38

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 37

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fees

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 9A72393EA55B5FD43BB

Date of Disbursement

03 / 03 / 2010

Amount of Each Disbursement this Period

43.67

**B.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

Merchant Service Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: A4ADED3605C5390814A

Date of Disbursement

03 / 10 / 2010

Amount of Each Disbursement this Period

31.74

**C.**

Full Name (Last, First, Middle Initial)

Citibank

Mailing Address 1101 Pennsylvania Ave, NW  
11th Floor

City Washington State DC Zip Code 20004

Purpose of Disbursement

AMEX Service Fee

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: BF442CB7B68B51F90D4

Date of Disbursement

03 / 29 / 2010

Amount of Each Disbursement this Period

59.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

134.41

**TOTAL** This Period (last page this line number only) ..... ►

165.79

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 / 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Committee To Re-Elect Ed Towns

Mailing Address 438 Lewis Avenue

City  
BrooklynState  
NYZip Code  
11233Purpose of Disbursement  
2010 Primary ContributionCandidate Name  
Edolphus Towns011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 10

Transaction ID: 93077-1170007586479

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Congressional Black Caucus Pac

Mailing Address 227 Massachusetts Ave., NW

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
2010 ContributionCandidate Name  
Congressional Black Caucus Pac011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 93077-1678430438041

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Lee Terry for Congress

Mailing Address PO Box 540098

City  
OmahaState  
NEZip Code  
68154Purpose of Disbursement  
2010 Primary ContributionCandidate Name  
Lee Terry011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District: 02

Transaction ID: 93077-5882684588432

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

7500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 / 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Marsha Blackburn for Congress Inc.

Mailing Address PO Box 682185

City  
FranklinState  
TNZip Code  
37068Purpose of Disbursement  
2010 Primary ContributionCandidate Name  
Marsha BlackburnOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: 93077-2145501971244

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mike McMahon for Congress

Mailing Address 66 Arnold Street

City  
Staten IslandState  
NYZip Code  
10301Purpose of Disbursement  
2010 Primary ContributionCandidate Name  
Michael E. McMahonOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 13

Transaction ID: 93077-5156213641166

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	1	0

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Orrinpac

Mailing Address 175 S. West Temple, Suite 650

City  
Salt Lake CityState  
UTZip Code  
84101Purpose of Disbursement  
2010 ContributionCandidate Name  
OrrinpacOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 93077-7707635760307

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	1	0

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americas Health Insurance Plans PAC (AHIP PAC)

**A.**

Full Name (Last, First, Middle Initial)

Prosperity Pac

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
2010 Contribution

Candidate Name  
Prosperity Pac

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 93077-8466302752494

Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road  
Suite 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement  
2010 Primary Contribution

Candidate Name  
Pat Tiberi

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: 93077-0713006854057

Date of Disbursement

03 / 30 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

22000.00